

# Low Bidder

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**DBE - COMMITMENT**  
 DES-CE-0102.10D (REV 12/2014)

CONTRACT NO:  
 10-0Y6304

BID AMOUNT:  
 \$ 2,499,244.50

BID OPENING DATE:  
 May 5, 2016

BIDDER'S NAME:  
 Midstate Barrier, Inc.

DBE GOAL FROM CONTRACT %:  
 10%

DBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> :	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE)	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE)
	2	\$435,485.00

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED <sup>2</sup>	WORK CATEGORY CODES <sup>3</sup>	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
19	Form and Pour Vegetation Control Concrete	C2800	Quimu Contracting, Inc. PO Box 1177 Dixon, CA 95620 (707) 639-0289 DBE # 33524	\$332,815.00

Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).

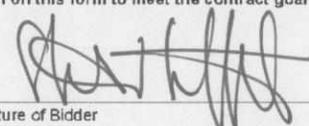
<b>Total Claimed Participation</b>	\$ 332,815.00
	13.3 %

<sup>1</sup>Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.

<sup>2</sup>If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

<sup>3</sup>Use Work Category Codes from the California Unified Certification Program database.

The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).



Signature of Bidder

5/6/2016 (209) 944-9565  
 Date (Area Code) Tel. No.

Stephen Gifford  
 Person to Contact (Please Type or Print)



Quimu Contracting Inc;  
P.O. Box 1177  
Dixon, Ca 95620  
Ph (707) 693- 0289  
Fax (707) 678- 8384  
Lic. # 809085

May 04, 2016

Att: Steve/ Dan

**Re: Project 10-0Y6304**

Item#	Item description	Measure	Quantity	Unit price	Item Price
# 19	Vegetation Control(minor Concrete)	SQYD	25700	\$37.00	\$950,900.00

$$X35\% = 8995 \times 37.00 = \$332,815.00$$

Exclusions, Clarifications and Notes.

Exclusions: Bonds, Permits, Traffic Control, excavation grading for vegetation control.

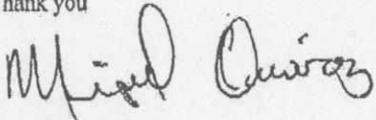
Clarifications: We are excluding bonds, but are bondable at the rate of 2.5% to 100K 1.5 from 100K to 500K and 1% over 500K.

WE need to 30 to 35 days to do our work.

Area to received vegetation control prepared by others.

We are certified MBE #33524 and SBE # 1770326 by Caltrans. DIR #1000013683

Thank you



Miguel Quiroz

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**Search Returned 1 Records**

Tue Oct 20 17:36:02 PDT 2015

**Query Criteria**

Firm ID: 33524

Firm Type: DBE

<b>Firm ID</b>	33524
<b>Firm/DBA Name</b>	QUIMU CONTRACTING, INC.
<b>Address Line1</b>	695 PRIDDY DRIVE
<b>Address Line2</b>	
<b>City</b>	DIXON
<b>State</b>	CA
<b>Zip Code1</b>	95620
<b>Zip Code2</b>	
<b>Mailing Address Line1</b>	P.O. BOX 1177
<b>Mailing Address Line2</b>	
<b>Mailing City</b>	DIXON
<b>Mailing State</b>	CA
<b>Mailing Zip Code1</b>	95620
<b>Mailing Zip Code2</b>	1177
<b>Certification Type</b>	DBE
<b>E-Mail</b>	quimu@sbcglobal.net
<b>Contact Name</b>	MIGUEL QUIROZ
<b>Area Code</b>	( 707 )
<b>Phone Number</b>	693-0289
<b>Alt Area Code</b>	( )
<b>Alt Phone Number</b>	
<b>Fax Area Code</b>	( 707 )
<b>Fax Phone Number</b>	678-8384
<b>Agency Name</b>	DEPARTMENT OF TRANSPORTATION
<b>Counties</b>	03; 06; 07; 09; 17; 20; 21; 28; 29; 31; 32; 34; 39; 45; 46; 48; 49; 52; 57; 58;
<b>Districts</b>	01; 02; 03; 04; 06; 10;
<b>DBE NAICS</b>	237310; 237990; 238110; 238120; 238910;

**ACDBE NAICS**

**Work Codes**

C1531 PLANE ASPHALT CONCRETE; C1601 CLEARING & GRUBBING; C1901 ROADWAY EXCAVATION; C1920 STRUCTURE EXCAVATION; C1930 STRUCTURE BACKFILL; C1940 DITCHES EXCAVATION; C2800 CONCRETE BASE; C5000 PRESTRESSING CONCRETE CAST-IN-PLACE; C5150 CORE CONCRETE - REPAIR BRIDGE DECK; C5501 STEEL STRUCTURES; C5570 STEEL CRIB WALL; C9980 DEMOLITION;

**Licenses**

A General Engineering Contractor;

**Trucks**

**Gender**

M

**Ethnicity**

HISPANIC

**Firm Type**

DBE

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05-09-16 A10:28 RCVD

N/A - DBE GOAL ACHIEVED

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION  
**DBE GOOD FAITH EFFORTS DOCUMENTATION**  
 DES-OE-0102.11A (REV 12/2014)

Bidder's Name: Midstate Barrier, Inc.  
 Contract No.: 10-0Y6304

2. List the names of certified DBEs and all the dates on which they were solicited to bid on this project. Include the items of work offered and the dates and methods used for following up initial and follow-up solicitations to determine with certainty whether the DBEs were interested. Attach copies of solicitations, e-mail messages, telephone records, fax confirmations, etc.

Name of DBE Solicited	Date of Initial Solicitation	Items of Work Offered	Follow Up Methods and Dates

3. For each item of work made available, indicate whether the Bidder provided plans and specifications specific to the items of work being offered, list the selected firm and its status as a DBE, the DBEs that provided quotes, the price quote for each firm, and the price difference for each DBE if the selected firm is not a DBE. Provide copies of each DBE and Non-DBE quote submitted to the Bidder whenever a Non-DBE firm was selected over a DBE for work on the Contract.

Items of Work	Provided Plans/ Specifications for Work Offered Yes/No	Name of Selected Firm	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					

If the firm selected for the item is not a DBE, provide the reasons for the selection on a separate sheet and attach names, addresses, and phone numbers for the firms listed above. Provide evidence as to why additional agreements could not be reached for DBEs to perform work.

N/A - DBE GOAL ACHIEVED

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION  
**DBE GOOD FAITH EFFORTS DOCUMENTATION**  
DES-OE-0102.11A (REV 12/2014)

Bidder's Name: Midstate Barrier, Inc.  
Contract No.: 10-0Y6304

4. Describe the Bidder's outreach efforts to identify and solicit the interest of all certified DBEs that have the capability to perform the work of the Contract. Provide copies of supporting documents.

Description of Outreach	Dates	Location (if applicable)	Results

5. Describe the Bidder's efforts made to provide interested DBEs with adequate information about the plans, specifications, and requirements of the Contract to assist them in responding to a solicitation. Identify the DBEs assisted, the type of information provided, and the date of the contracts. Provide copies of supporting documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the Bidder's efforts made to assist interested DBEs in obtaining bonding, lines of credit, or insurance. Identify the DBEs assisted, the type of assistance offered, and the dates. Provide copies of supporting documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe the Bidder's efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE purchases or leases from the prime contractor or its affiliate. Identify the DBEs assisted, the type of assistance offered, and the dates. Provide copies of supporting documents. List efforts made to assist interested DBEs in obtaining bonding, lines of credit, insurance, necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate. Identify the DBE assisted, the assistance offered, and the date. Provide copies of supporting documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List the names of agencies and the dates on which they were contacted to provide assistance in contacting, recruiting, and using DBE firms. If the agencies were contacted in writing, provide copies of supporting documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Include additional data to support a demonstration of good faith efforts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

**ADA Notice**

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

# Low Bidder

# 10



**Caltrans**<sup>®</sup>

STATE OF CALIFORNIA  
DEPARTMENT OF TRANSPORTATION

## FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN MERCED COUNTY IN AND NEAR  
LIVINGSTON FROM 0.2 MILE NORTH OF WEST ATWATER OVERHEAD TO WINTON  
PARKWAY OVERCROSSING

In District 10 On Route 99

Under

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*Notice to Bidders and Special Provisions* dated March 28, 2016

*Standard Specifications* dated 2010

Project plans approved January 25, 2016

*Standard Plans* dated 2010

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Applicable to

Electronic *Bid* book dated March 28, 2016

Identified by

Contract No. 10-0Y6304

10-Mer-99-23.7/R30.4

Project ID 1013000269

Federal-Aid Project

ACHSNHPG-P099(595)E